

For Office Only

Service Req. ID	Permit Fee
Processed by	Date

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Dorothy F. Teeter, MHA, Interim Director and Health Officer

Seattle Office Location: 700 5th Ave., Floor 20, Seattle WA 98104-5070, Telephone (206) 296-1175
Mailing Address for Seattle Office Only: Plumbing/Gas Permits – DPD P.O. Box 34019, Seattle, WA 98124-4019
Bellevue Office Location: 14350 SE Eastgate Way, Bellevue, WA 98007, Telephone (206) 296-4932

Application for Backflow Prevention Assemblies Permit

Project Location:				
Street Address	Unit #	City Zip Code		
Property Owner Name (s):			Phone: ()	
Parcel Number				
Building Type:	☐ Commercial ☐] Single Family [Multi-Family	
Buildin	g Phase: 🗌 New Con	struction	ration	
Contractor/Company:		F	Phone:	
State Labor & Industries Contractor Regi	stration Number:	Check #		
For 1 Device/Assembly \$ (Example: Only 1 Device/Asse	Base Formula Base	Over 1 De	vice/Assembly \$10.00 I 3 Devices/Assemblies = \$115	Each 5 etc.)
Device/Assembly Description	n	Device/A	ssembly Count	Fee
REDUCED PRESSURE BACKFLOW ASSEMBL'	Y			
DOUBLE CHECK VALVE ASSEMBLY				
PRESSURE VACUUM BREAKER ASSEMBLY ASPIRATOR ASSEMBLY				
ACTINATOR ACCEMBET				
TOTAL DEVICES OR ASSEMBLIES A	ND DEDMIT FEE			
TOTAL DEVICES OR ASSEMBLIES A	IND PERIVITIFEE			
Application Name:Contractor or Owner	(or Authorized Agent)	Phone		
Applicant Mailing Address:				
Signature of Applicant:		Date	:	

I UNDERSTAND THAT ALL WORK AUTHORIZED BY THIS PERMIT IS SUBJECT TO INSPECTION AND APPROVAL OF THE HEALTH DEPARTMENT AND MUST COMPLY WITH RULES AND REGULATIONS GOVERNING CONTRACTOR REGISTRATION (RCW 18.27) AND PLUMBER CERTIFICATION (RCW 18.106).